City of McAllen Office of the Director of Public Works Solid Waste Division

2015 Private Hauler Permit Request Application

Business Nam	e of Applicant:			
Trade Name a	nd/or Registered Agent	and Address:		
Business Addr Number of Ve	Street/	P.O.Box to Operate Within	City The City :(Attach additi	State Zip Code onal sheets if necessary).
Quantity	Size/Class	<u>Loadir</u>	ng Operation Type	
Financial Resp	oonsibility/Insurance:			
Carrier:			Policy #	
Services Appli	cant Proposes To Rendo	er In The City		
Experience Of	Applicant Rendering P	roposed Services:		
Attach A Schee	dule of Fees/Rates Appl	icant Proposes To C	harge Customers.	
AS A CONDI OF THE McA ATTACHED)	ALLEN CODE OF OR	E OF A PERMIT, DINANCES, CHA	APPLICANT MUST (PTER 90 SECTION 1	COMPLY WITH THE PROVISIONS 22 – SOLID WASTE (COPY
THAT APPLE	ICANT, IF LICENSEI	O, SHALL NOT BI IER AGREES THA	E AN AGENT, SERVA AT LICENSEE WILL	DINANCE AND FURTHER AGREES .NT OR CONTRACTOR FOR THE PROVIDE WORKMEN'S OYEES.
Business Appl	icant			
By:				
Offi	cer's Signature and Nan		CE USE ONLY	Date
NO	Γ APPROVED	APPRO	OVED	PERMIT NUMBER
	SANCHEZ, P.E., CFM	I		DATE